

1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE NORTHERN DISTRICT OF OKLAHOMA
3 PHILIP SANDERS, an)
4 Individual and Husband)
5 and Next of Kin of Brenda)
6 Jean Sanders, Deceased,)
7)
8) Plaintiff,) NO. CIV-17-492-JHP
9)
10 vs.)
11)
12)
13)
14) Defendants.)
15
16 VIDEOCONFERENCE DEPOSITION OF
17 SUSAN LAWRENCE, M.D.
18 TAKEN ON DECEMBER 1, 2020
19 ON BEHALF OF THE DEFENDANTS
20 IN LANCASTER, CALIFORNIA
21
22
23 REPORTED BY: EMILY CRIPE, CSR, RPR, RMR, CRR
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1 you getting the two weeks from?

2 A. If I remember correctly, that's what we
3 had at Adelanto detention facility, that if
4 somebody came in and they had their intake
5 screening and they were identified as chronic
6 care, I believe the policy was that within two
7 weeks they had to be seen by a provider.

8 Q. Was there a specific time period stated
9 in Turn Key policies that you noticed?

10 A. They actually didn't, which is -- at
11 least this policy, you know, it -- it doesn't say
12 how -- how soon, which is a deficit because, you
13 know, if -- if you identify that somebody has a
14 chronic medical condition but you don't see them
15 for three months, that gives a tremendous amount
16 of time for somebody to become very ill.

17 Q. And have you noticed any evidence in
18 the records of Ms. Sanders becoming ill due to
19 her high blood pressure issues?

20 A. Well, it was not due to her high blood
21 pressure issues. But I will say this: If she
22 had had a physical exam, even if it was because
23 of high blood pressure issues, if she had had a
24 physical exam, that would have been an
25 opportunity to identify -- and lab work as

1 well -- that would have been an opportunity to
2 identify other health problems of which she may
3 not have been aware or didn't think was important
4 or at least didn't -- didn't mention in the
5 absence of getting outside medical records.

6 So having a medical visit, a physical
7 exam and lab work within two weeks, would have
8 identified some of these other problems.

9 Q. Okay. And we will discuss different
10 aspects of your opinions in turn. But with
11 regard to blood pressure issues, you did not
12 notice any evidence of Ms. Sanders having any
13 medical issues because of her hypertension;
14 correct?

15 A. No.

16 Q. And on her medical intake form, when
17 she was first assessed by Turn Key nurses, her
18 blood pressure was 138 over 62. Is that within
19 normal limits?

20 A. Yes, that is within normal limits.

21 Q. And would you agree that the LPN that
22 did Ms. Sanders' medical intake contacted Nurse
23 Goatley and advised them of the -- this patient
24 having hypertension and being on Norvasc and
25 received provider orders to administer Norvasc

1 for management of hypertension issues of this
2 patient?

3 A. Yes, but that's not sufficient. Just
4 giving a blood pressure medication without doing
5 an evaluation to see if there were other issues
6 related to hypertension that require attention,
7 without doing lab work to determine if there are
8 underlying problems related to hypertension, you
9 know, that's what needs to be done. It's not
10 sufficient just to prescribe Norvasc and leave it
11 at that.

12 Q. But you have not noticed any
13 significant medical issues resulting just from
14 the hypertension alone in Ms. Sanders?

15 A. Well, again, you know, maybe not from
16 the hypertension alone, but another -- you know,
17 people with chronic medical problems often have
18 multiple chronic medical problems, but they may
19 only be aware of one. And if you have a physical
20 examination and laboratory testing done by a
21 qualified provider, either a mid level or a
22 physician, it gives you the opportunity to
23 identify other problems that the person may not
24 be aware of. So that's where the lack of the
25 development of a treatment plan for hypertension,

1 you know, was so deficient.

2 Q. What other criticisms of nursing care
3 of Ms. Sanders do you have?

4 A. Well --

5 MR. RICHARDSON: Objection to form.

6 THE WITNESS: I'm sorry?

7 Q. (By Ms. Thompson) We discussed --

8 MR. RICHARDSON: No, go ahead. I just
9 made an objection to form.

10 THE WITNESS: Can you be more specific
11 or can you rephrase -- it's a very broad
12 question. Can you rephrase the question or be
13 more specific?

14 Q. (By Ms. Thompson) Yes. We have just
15 discussed your criticism of nursing care by Turn
16 Key with regard to not developing -- or not
17 seeing Brenda Sanders in person within the 14-day
18 period; in your opinion, she should have been
19 seen within that time period and assessed because
20 she's a chronic patient. Am I stating your
21 testimony correctly?

22 A. Yes.

23 Q. Other -- is there another criticism,
24 besides that one, of nursing care received by
25 Brenda Sanders that you can articulate?

1 A. Well, I actually have many, so let me
2 start with one other one.

3 Q. Okay.

4 A. Also critically important. So in Creek
5 County they had an authorization for release of
6 medical information form that they were supposed
7 to have the patients complete so they can send it
8 in order to get their medical records. So there
9 is a form in the -- in the Creek County medical
10 records for Mrs. Sanders dated 10/17/2016. It
11 has her name, full name, Social Security number,
12 booking number, et cetera. And it -- it says,
13 you know, she needs to fill this out in order --
14 so that her records can be received.

15 And so she -- there's no signature. So
16 there's -- not only is there no signature, but
17 there's no documentation that she refused to
18 sign. So you -- and you can't -- you can't tell
19 what was -- what was the reason why there's no
20 signature. Did they not ask her? Did she
21 actually refuse? As far as I'm concerned, you
22 know, at least at the facility that I worked, if
23 you didn't have a documentation that the patient
24 refused, then you can't prove that they refused.
25 Then it looks like it just wasn't done. So in

1 this case it looks like they just didn't ask her
2 to sign it.

3 And the other thing about -- on the
4 medical intake form, where it's noted that she
5 was a patient at, I think it's Okemah Indian
6 Clinic, the Indian health service clinic, and
7 there was -- in a deposition Nicolas Groom stated
8 that he picked up the phone -- he remembered
9 picking up the phone and calling the clinic, but
10 without a release of medical records, they're not
11 going to tell you anything on the phone. So him
12 calling them is moot because she didn't agree to
13 have her medical records released.

14 Q. Did you mention earlier that sometimes
15 you would call medical care providers when you
16 worked for the federal prison facility?

17 A. Uh-huh.

18 Q. And what did you do in that
19 circumstance?

20 A. I had a release of medical information
21 that I would fax over before they would speak to
22 me.

23 Q. Okay. Do you have any evidence to
24 indicate that Nurse Groom did not fax over a
25 medical release?

1 is a Turn Key policy dated 2/1/16 called "Access
2 to Care, Clinical Services." And this policy
3 says, "The responsible health authority
4 identifies and eliminates any barriers to inmates
5 receiving health care." So -- and they give you
6 a couple of examples of unreasonable barriers,
7 which these three examples that they give don't
8 -- don't really fit Mrs. Sanders's situation.

9 But, you know, for them to say that they have to
10 go in order, regardless of severity of their --
11 their condition, that's a barrier to health care.

12 Another barrier is to say that
13 Mrs. Sanders, no matter how sick she was or
14 confused she was, has to fill out a form herself,
15 that they can't take information from fellow
16 inmates who have observed her. And I remember in
17 Mr. Groom's deposition he stated that in -- in
18 delivering medications, in dispensing
19 medications, that often he would get information
20 from fellow inmates that alerted him to problems
21 going on with people that he could then act on.

22 So -- so it's my opinion that Turn Key
23 created barriers for people to -- for inmates to
24 get -- to access medical care by stating that,
25 you know, they have to fill out the form

1 A. Yes.

2 MR. RICHARDSON: Objection.

3 THE WITNESS: In a major way.

4 Q. (By Ms. Thompson) Besides the fact
5 that you believe that the nurse should have seen
6 some sort of jaundice in her eye, what else do
7 you disagree with in this assessment?

8 A. Well, it -- it contradicts the
9 testimony of the -- of the two detention officers
10 and the prior testimony of Classica Godwin that
11 she had been becoming progressively weaker and
12 had been confused. Those things are not
13 mentioned in the nurse's note, and I find it hard
14 to believe that she was just -- you know, just
15 during that period of time that she was being
16 assessed that she appeared completely normal and
17 without any evidence of these other signs or
18 symptoms.

19 Q. The nurse did take the vital signs of
20 Ms. Sanders at that time, did she not?

21 A. Yes, she did.

22 MR. RICHARDSON: Objection; form.

23 Q. (By Ms. Thompson) And the vital
24 sign -- the blood pressure that's recorded of 114
25 over 73, is that within normal limits?

1 A. Yes, it is. Her vital signs were
2 within normal limits. That's not the whole
3 picture, though. Vital signs are just one part
4 of the picture. There's other parts as well.
5 Like, for example, are their eyes yellow, do they
6 appear weak and debilitated. It's a whole -- you
7 have to look at multiple factors, not just vital
8 signs.

9 Q. Why would you expect this nurse, based
10 on the report that the patient did not seem quite
11 right without any mention specifically to the
12 eyes, why would you expect this nurse to check
13 for jaundice?

14 A. Well, you don't check for jaundice.
15 She put eye drops in her eye. There's no way she
16 could have avoided seeing it.

17 Q. So it is your opinion, even though you
18 were not there and did not assess this patient
19 yourself, that she would have had jaundice at
20 that time?

21 A. Yes. Based on my years and years of
22 experience in internal medicine, treating people
23 with liver disease, yes.

24 Q. Do you take -- just as an outside, do
25 you take testimony of all witnesses that

1 always if -- like, if I have -- even in private
2 practice, if I have a new patient come to me, I
3 don't make a decision based on what they tell me.
4 You know, I ask them to sign a release of
5 information, I get their medical records.

6 Q. (By Ms. Thompson) Besides what we have
7 discussed already, do you have any other
8 criticisms of the nursing care provided to Brenda
9 Sanders?

10 MR. RICHARDSON: Other than what's in
11 her report and she's testified to?

12 MS. THOMPSON: Right. Other than
13 what's in your report and you have testified to.

14 THE WITNESS: I don't believe so.

15 Q. (By Ms. Thompson) Give me just a
16 moment, please. I believe we're almost done.

17 Dr. Lawrence, I have a quick question
18 about your comment in the report on Page 14,
19 Paragraph 3, last paragraph.

20 A. Uh-huh.

21 Q. Here you state that, "Clearly
22 Mr. Groom's testimony by his late entry was
23 false."

24 Do you have any reason to doubt the
25 truthfulness of Mr. Groom's testimony with regard

1 was never seen by any Turn Key providers for
2 anything?

3 A. I'm not saying that. I mean, she was.

4 It just wasn't very competent care and the real,
5 serious issues were never addressed.

6 Q. Would it be more accurate to say that,
7 in your opinion, Turn Key provided -- did not
8 provide adequate care to --

9 MR. RICHARDSON: Objection to form.

10 Q. (By Ms. Thompson) -- Brenda Sanders
11 rather than no care?

12 A. They provided negligent care.

13 MR. RICHARDSON: Objection to form.

14 THE WITNESS: They provided negligent
15 care rather than no care.

16 Q. (By Ms. Thompson) Do you have any
17 evidence to indicate that any of the LPNs or the
18 APRN were improperly licensed to perform their
19 duties?

20 A. I have no evidence of that.

21 Q. Do you have any evidence to point to
22 that any of the LPNs or the APRN received
23 improper training from Turn Key?

24 MR. RICHARDSON: Objection to form.

25 THE WITNESS: I don't have any evidence